08622

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Girdletree
LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Girdletree
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Matthew (Last) Barnes

4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1950

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 11-1886
9. AGE last birthday 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Girdletree Md
12. CITIZEN OF WHAT COUNTRY? N Sd

13. FATHER'S NAME Elijah M Barnes
14. MOTHER'S MAIDEN NAME Mary Grace Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Bessie Trull Barnes — wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Disease (probably)

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) History of Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Too Strenuous Hard work lately

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? No injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr N E Sartorius (Degree or title) Dep Med Exam. ADDRESS Pocomoke City Md DATE SIGNED 8/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 18/50
NAME OF CEMETERY OR CREMATORY Whatcoat
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 8/17/50
REGISTRAR'S SIGNATURE L E Day Smith
24. FUNERAL DIRECTOR Clay E Hammer Snow Hill ADDRESS Md

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 21 1950
BUREAU Y. B

M

08623

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1708 Jackson St

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Emmett (Last) Becker.
4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1950

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 9 1911
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm Becker
14. MOTHER'S MAIDEN NAME Grace Haynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Dorothy D Becker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Probably — Coronary Disease Few minutes

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Near Drowning (accidental)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ saw the deceased from Aug 23 1950 - 2:45 P.M., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE T. E. Sartorius (Degree or title) MD ADDRESS Def Med Exam Promoter City Md DATE SIGNED 8/23/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8/28/50
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) FREDERICK ROAD (State)

DATE REC'D BY LOCAL REG. 8/25/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR JOHN F. DENNY, INC. 715 LIGHT ST - 30 ADDRESS

JT

XUX 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18624

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
LENGTH OF STAY (In this place) 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Redden Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) Second St.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) FRANCES (Last) COWGER
4. DATE OF DEATH: (Month) Aug (Day) 1, (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov 4, 1864
9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wm Joe Cowger
14. MOTHER'S MAIDEN NAME: Josephine Dice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Paul Cowger, Pocomoke City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) C myocarditis
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) c arteritis. — 25 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1930, to July 29, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 5:00 A.M., from the causes and on the date stated above.
SIGNATURE AND (Degree or title) H. E. Antonio M.D. ADDRESS Pocomoke City Md DATE SIGNED 8/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Aug 3, 1950
NAME OF CEMETERY OR CREMATORY: Dayton Methodist Cem
LOCATION (City, town, or county) (State): Dayton, Virginia

DATE REC'D BY LOCAL REG.: Aug. 3, 1950
REGISTRAR'S SIGNATURE: Anne E. White
24. FUNERAL DIRECTOR AND ADDRESS: Henry H. Watson, Pocomoke City, Md.

RECEIVED
AUG 7 1950
BUREAU Y. S

08625

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

141X

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #2 — LENGTH OF STAY (in this place): 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Putnum (Middle) W. (Last) Dryden
4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 13 - 1873
9. AGE last birthday: 76/11/28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hatcheman
10b. KIND OF BUSINESS OR INDUSTRY: Own Hatchery
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George W. Dryden
14. MOTHER'S MAIDEN NAME: Catherine Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs George W. Hopkins Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarct — 1 day

260X Antecedent cause(s)

45b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Myocardial disease — unknown

(c) Diabetes Mellitus — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of tongue — 6 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to Aug 11, 1950, that I last saw the deceased alive on Aug 10, 1950, and that death occurred at 1.40 P m., from the causes and on the date stated above.

SIGNATURE: Paul Cohen (Degree or title) Md — ADDRESS: Snow Hill Md — DATE SIGNED: 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug. 13/50 — NAME OF CEMETERY OR CREMATORY: Whatcoat — LOCATION (City, town, or county) (State): Snow Hill, Md

DATE REC'D BY LOCAL REG.: 8/12/50 — REGISTRAR'S SIGNATURE: LeRoy Smith — 24. FUNERAL DIRECTOR: Alay E. Timmis — ADDRESS: Snow Hill, Md

156VV

INFARC

RECEIVED
AUG 17 1960
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08626

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 2 Willow St

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) LEE (Last) ENNIS
4. DATE OF DEATH (Month) Aug 18, (Day) 1950 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 4 -42
9. AGE last birthday 8 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME John E. C. Ennis
14. MOTHER'S MAIDEN NAME Kathryn Bundick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT John E. C. Ennis, Pocomoke City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning — Accidental — Few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

929.8
183

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Playing with his dog on River front

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) — (COUNTY) Wor. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Partomus (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 8/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 22, 1950
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) (State) Pocomoke City, Md.

DATE REC'D BY LOCAL REG. Aug. 22, 1950
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke City, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 24 1950
BUREAU V. S

08627

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City - Rural
LENGTH OF STAY (In this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Worc.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mullens S. C.
STREET ADDRESS (If rural, give location) Laurel St

3. NAME OF DECEASED (Type or Print) (First) Maxie (Middle) (Last) Flowers
4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH Unknown about 1897
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning - Porter
10b. KIND OF BUSINESS OR INDUSTRY Cleaning
11. BIRTHPLACE (State or foreign country) Mullens S.C
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Luke Flowers
14. MOTHER'S MAIDEN NAME Cherry Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Willie Flowers (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Epilepsy	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Struck behind left ear by	
	(c) blunt instrument	3 yrs.

353.3
85.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unimportant

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐ None
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Fred S. Waesche (Degree or title) M.D. ADDRESS Snow Hill Md DATE SIGNED 8/21/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-26-50
NAME OF CEMETERY OR CREMATORY Public Cemetery
LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REG. 8/26-50
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR James B. Darkiell ADDRESS Salisbury, Md.

75088

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08628

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 1021 N. Charles Ave.

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) A. (Last) Foster
4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	Aug 22-191	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Aloe Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ignatius Bernat.
14. MOTHER'S MAIDEN NAME: Hannah Dubecki

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning. (Probably accidental)	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Undetermined	
	(c)	

929.8
193

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Ocean, (CITY OR TOWN) near Ocean City (COUNTY) Worcester (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? While Swimming in Ocean

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Leo H. E. Antonius (Degree or title) D.M.E. ADDRESS: Ocean City Md DATE SIGNED: 9/1/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/4/50
NAME OF CEMETERY OR CREMATORY: Lowden Park
LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG.: 9-1-50
REGISTRAR'S SIGNATURE: Helen F. Hayward.
24. FUNERAL DIRECTOR: William Cook, Inc. ADDRESS: Balto. Md.

XVX 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 12 1950
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08629

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City | LENGTH OF STAY (In this place) Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway 13

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 422 Bank St.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) MAY (Last) HOLLAND
4. DATE OF DEATH: (Month) (Day) (Year) Aug 7, 1950 19

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 6, 1902
9. AGE last birthday: 48 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mary Ellen Baine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: 422 Bank St George Holland, Pocomoke City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Probably Coronary Disease

61 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes & Large Abdominal Tumor

19a. DATE OF OPERATION: No operation | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? No injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr W. E. Antonis Dep. Med Exam. Pocomoke City Md 8/9/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug 13, 1950 | NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery | LOCATION (City, town, or county) (State): Rural, Stockton, Md.

DATE REC'D BY LOCAL REG.: Aug. 12 1950 | REGISTRAR'S SIGNATURE: Anne E. White | 24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 16 1950
BUREAU V. S

08630

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH COUNTY: Worcester — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) T. (Last) Keas

4. DATE OF DEATH: (Month) Aug. (Day) 19 (Year) 1950

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower — 8. DATE OF BIRTH: May 17 1858 — 9. AGE last birthday: 92 yrs. — If under 1 year: Months 4, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant — 10b. KIND OF BUSINESS OR INDUSTRY: Stone Keeper — 11. BIRTHPLACE (State or foreign country): Petersburg Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Granderson Keas — 14. MOTHER'S MAIDEN NAME: Virginia A. Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: C. Wilbur Keas Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis — 3 hrs

94a Antecedent cause(s) (b) Generalized Atherosclerosis c̄ atherosclerosis — 20 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cerebral —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 19 Aug, 1950, that I last saw the deceased alive on 19 Aug, 1950, and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE: Hermande Rahlves — (Degree or title) Md — ADDRESS: 5 Bay St Berly, Md — DATE SIGNED: 21/Aug/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/21-1950 — NAME OF CEMETERY OR CREMATORY: Whaley Family — LOCATION (City, town, or county): Whaleyville — (State): Md.

DATE REC'D BY LOCAL REG.: 8/21-1950 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: M. Pasha Watson — ADDRESS: Selbyville

15679 Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 23 1950
BUREAU V. S

08631

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): William St.

3. NAME OF DECEASED (Type or Print): (First) Irving (Middle) Spence (Last) Merritt.
4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: Nov. 2, 1878
9. AGE last birthday: 71 yrs. — If under 1 year: Months 27 Days 5 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Section Hand
10b. KIND OF BUSINESS OR INDUSTRY: Railroad.
11. BIRTHPLACE (State or foreign country): Girdletree, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Merritt
14. MOTHER'S MAIDEN NAME: Pricilla Spence.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Theodore Merritt Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1 Immediate cause (a) Metastatic Carcinoma of Liver c — 4 mo

46.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Peritonitis Carcinomatosis — 4 mo

(c) Parotid Gland Tumor — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enucleation of Rt. eye - acc. to injury — 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to 7 Aug, 1950, that I last saw the deceased alive on 7 Aug, 1950, and that death occurred at 29 m., from the causes and on the date stated above.

SIGNATURE: Herman G. Robbins (Degree or title) Md — ADDRESS: 5 Bay St. Berlin, Maryland — DATE SIGNED: 8/7/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/9/1950
NAME OF CEMETERY OR CREMATORY: Evergreen
LOCATION (City, town, or county): Berlin (State): Md

DATE REC'D BY LOCAL REG.: 8-8-50
REGISTRAR'S SIGNATURE: Helen F. Hayward
24. FUNERAL DIRECTOR: Anna A. Burbage — ADDRESS: Berlin Md

446 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08632

CERTIFICATE OF DEATH

Reg. Dist. No. 350

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 403 Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City
STREET ADDRESS (If rural, give location): 403 Second

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) J. (Last) MERRITT

4. DATE OF DEATH: (Month) Aug (Day) 15, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 10, 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Francis [illegible] A. Merritt

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 220-12-1864

17. INFORMANT AND ADDRESS: Mrs Millard Hayman, Pocomoke City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 2 Months

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — Years

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1950, to Aug 15, 1950, that I last saw the deceased alive on Aug 14, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles A. Trader M.D.

ADDRESS: Pocomoke City, Md.

DATE SIGNED: 8-16-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/17/50

NAME OF CEMETERY OR CREMATORY: Goodwill Methodist

LOCATION (City, town, or county) (State): RFD Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Aug 17, 1950

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry H. Watson

ADDRESS: Pocomoke City, Md.

30819

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08633

Reg. Dist. No. 353

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmarville or Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmarville, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Chris (Middle) (Last) Pherson

4. DATE OF DEATH (Month) (Day) (Year) Aug. 18 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	colored	married	12/25/04	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Day Laborer	chicken factory	North Carolina	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Pherson	Ida Pherson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	221-12-5368	Ida Pherson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

3/10.3 **Immediate cause** (a) Meningitis (type undetermined) — 3 days

81a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1950, to Aug 18, 1950, that I last saw the deceased alive on Aug 17, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert A Long	M.D	Frankford Del	8-19-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/20/50	Sarah Dukes	Bishop	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/21/50	Mrs. H. R. Bergey	Henry H. Watson	Pocomoke City Md.

-2-

866 VV

RECEIVED
AUG 25 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08634

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R 3 | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Berlin R 3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emerson	Samuel	Purnell	8	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored		11-5-'40	9 yrs.	9	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emerson Purnell, Jr	Virginia Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			Emerson Purnell Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bullet wound left chest — min.

919.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sister playing c rifle.

184

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Sister playing c rifle

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN)	(COUNTY)	(STATE)
		Berlin R 3	Wo.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)		INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
8	29	50	5	p.m.			Accidently shot by Sister

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred Schaeche	MD	Snow Hill Md	8/29/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-1-50	Sinepuxent Cemetery	Berlin - Sinepuxent	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-1-50	Helen F Hayward	James B. Dentrell	Salisbury, Md.

VS. A15A

RECEIVED
SEP 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08635

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City; LENGTH OF STAY (in this place) 5 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
HOSPITAL OR INSTITUTION OR STREET ADDRESS 219 Laurel St	STREET ADDRESS (If rural give location) 219 Laurel St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	T.	REW	Aug 23, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	July 17, 1872	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retire Farmer (Own)	Farming	Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward T. Rew, Sr.	Margaret A. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No None		Mrs. Herbert V. Ewell, Guilford, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
447 X Immediate cause	(a) Cerebral Hemorrhage	1 wks.
932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Arterio-sclerotic Cardio Vascular Disease	5 Yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 19, 1950 to Aug. 23, 1950, that I last saw the deceased alive on Aug. 23, 1950 and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Louis L. Llewelyn, M.D.	Pocomoke City, Md.	8/25/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/25/50	Parksley Cemetery	Parksley, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug 25 1950	Anne E. White	J. D. Johnson, Inc, Parksley, Va.

000VV

Dr [illegible]

RECEIVED
AUG 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08636

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Henry (Last) Reynolds

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 13, 1854

9. AGE last birthday: 96 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner Farming

11. BIRTHPLACE (State or foreign country): Rockridge, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Reynolds

14. MOTHER'S MAIDEN NAME: Sarah Jane Armentrout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Norman Dryden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X **Immediate cause** (a) Hemorrhage, Cerebral. — Interval Between Onset and Death: 1 Day

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Extreme Old Age —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1950, to Aug 4, 1950, that I last saw the deceased alive on Aug 1, 1950, and that death occurred at 3.50 P m., from the causes and on the date stated above.

SIGNATURE: Charles W. Fader, (Degree or title) AB. M.D. ADDRESS: Pocomoke City Md DATE SIGNED: 8-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8-6-1950 | NAME OF CEMETERY OR CREMATORY: St. Andrews | LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REG.: Aug. 5, 1950 | REGISTRAR'S SIGNATURE: Anne E. White | 24. FUNERAL DIRECTOR ADDRESS: Levin B. Wilson, Princess Anne, Md.

RECEIVED
AUG 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(8637)

Reg. Dist. No. 354

1. PLACE OF DEATH
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Snow Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location) Snow Hill Rd

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) A. (Last) SHARPLEY

4. DATE OF DEATH: (Month) Aug (Day) 5, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 23, 1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Parker Sharpley

14. MOTHER'S MAIDEN NAME: Mary E. Tull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Milton Barnes, Stockton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1/2 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 93d (b) Arterio-sclerotic Myocardial disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to Aug 5, 1950, that I last saw the deceased alive on Aug 1, 1950, and that death occurred at 6.50 A m., from the causes and on the date stated above.

SIGNATURE Paul Cohen (Degree or title) ADDRESS Snow Hill Md DATE SIGNED 8/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 7, 1950 — NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery — LOCATION (City, town, or county) (State): Stockton, Md.

DATE REC'D BY LOCAL REG. Aug 6 1950 — REGISTRAR'S SIGNATURE Mary M. Taylor

24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke City, Md.

156V9

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 10 1950
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) Dorchester St.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Bell (Last) Steelman
4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1887
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Berlin Md R F D
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Truitt.
14. MOTHER'S MAIDEN NAME Lucy Truitt,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. no
17. INFORMANT AND ADDRESS Mrs. Evelyn De Lorenzo Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 18 MOS

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13A

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to 1 Aug, 1950, that I last saw the deceased alive on 1 Aug, 1950, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE W. R. Thomas (Degree or title) M.D. ADDRESS Ocean City DATE SIGNED 1 Aug 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/4/50
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 8-3-50
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna D. Burbage Berlin Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 I

RECEIVED
AUG 4 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08639

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: WORCESTER — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WHALEYVILLE
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WHALEYVILLE
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) PETER (Last) WHALEY

4. DATE OF DEATH: (Month) AUG. (Day) 17, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Jan 23 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months. 5 Days. 23 If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming Owner

11. BIRTHPLACE (State or foreign country): Whaleysville Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Peter Whaley.

14. MOTHER'S MAIDEN NAME: Catherine Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Peter Whaley Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — Interval between onset and death: 5 yrs.

443X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to 8-17, 1950, that I last saw the deceased alive on 8-17-50, 19..., and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank R Lewis M.D. ADDRESS: Willards Maryland DATE SIGNED: 8-18-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug. 20, 1950 — NAME OF CEMETERY OR CREMATORY: Dale Cemetery — LOCATION (City, town, or county) (State): Whaleysville Md.

DATE REC'D BY LOCAL REG.: 8-20, 1950 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: M. Pasha Walston — ADDRESS: Salisbury Md.

RECEIVED
AUG 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08640

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY ~~Worcester~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Md.
STREET ADDRESS (If rural, give location) 2015 Madison Ave

3. NAME OF DECEASED (Type or Print) (First) Nathaniel (Middle) (Last) Williams

4. DATE OF DEATH (Month) Aug. (Day) 16 (Year) 1950

5. SEX M

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) No. m.

8. DATE OF BIRTH 1925 [illegible]

9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bell Boy

10b. KIND OF BUSINESS OR INDUSTRY Hotel

11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown.

14. MOTHER'S MAIDEN NAME Ethel Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Miss Eleanor Jackson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8

183

Immediate cause (a) Drowning, accidental #183 — INTERVAL BETWEEN ONSET AND DEATH: Min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Unimportant

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unimportant

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Sinepuxent Bay (CITY OR TOWN) Ocean City (COUNTY) Wor. (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 8, 16, 50 9 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Swimming in Sinepuxent Bay.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Fred S. Waesche (Degree or title) M.D. ADDRESS (D.M.E.) Snow Hill Md DATE SIGNED 8/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug 23, 1950 NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. Aug 21, 1950 REGISTRAR'S SIGNATURE Helen F Hayward.

24. FUNERAL DIRECTOR Anna H Burbey ADDRESS Berlin Md

77087

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 23 1950
BUREAU T. S

M

08641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lemon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Mariners Road

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) E. (Last) WYATT
4. DATE OF DEATH (Month) (Day) (Year) Aug. 18, 1950 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb. 26, 1874
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) near Fairmount, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Riley Howeth
14. MOTHER'S MAIDEN NAME Maragaret McGrath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Lee Wyatt--Lemon Nursing Home Berlin, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia rec'd Nephrosclerosis duct	10 days
446 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Generalized atherosclerosis -	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to August 18 1950, that I last saw the deceased alive on Aug 18, 1950, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herman C. Robbins M.D.
ADDRESS 5 Bay St. Berlin, Md
DATE SIGNED 21 Aug. 50.

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Aug. 21, 1950
NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
LOCATION (City, town, or county) (State) Hopewell, Md.

DATE REC'D BY LOCAL REG. Aug 30 1950
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 1 1950
BUREAU OF I.A.